

## **Nevada Division of Health Care Financing and Policy**

### **Civil Rights and Privacy Incident Reporting Form**

This form is used to report alleged violations of Civil Rights (non-discrimination) policies and incidents that involve suspected violations of privacy standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Please complete the portions of this form that apply to the situation you wish to report and submit it to the Recipient Civil Rights/HIPAA Privacy Officer, Division of Health Care Financing and Policy, 1100 E. William St., Suite 101, Carson City, NV 89701; fax (775) 687-3893. If you have questions, call (775) 684-3600.

**1. This form is being filed to report:**    ☐ **Discrimination**    ☐ **Privacy Violation**

#### **2. Alleged Victim**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

#### **3. Complainant/Reporter (If Different)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**4. Who would you like inquiries or information about the investigation directed to?**

☐ Alleged Victim

☐ Complainant/Reporter

☐ Both

#### **5. Person or Agency Responsible for Alleged Discrimination or Privacy Violation**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Office/Work Station \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**6. If your concern involves alleged discrimination, identify the basis for the discrimination.**

☐ Race or color

☐ Sex/Gender

☐ Age

☐ National origin

☐ Disability

☐ Religion

**7. Identify the date (or dates) when the alleged discrimination or suspected privacy violation occurred.**

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**8. Provide a description of the alleged incident (or incidents) including the party or parties to whom protected health information was erroneously disclosed (if applicable).**

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**9. Has this report previously been filed with this agency? ☐ Yes ☐ No**

**If yes, what date was the report filed and to whom was it submitted?**

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**10. If you submit a complaint that is substantiated, what remedy are you seeking?**

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A Word About Confidentiality	
Complaints regarding general business practices or accommodations for persons with disabilities may be submitted confidentially or anonymously.	Complaints regarding specific acts of alleged discrimination or privacy violations affecting particular individuals cannot be investigated anonymously but information about the alleged victim and complainant will be shared only with those directly involved.

*Filing a complaint regarding alleged discrimination or suspected privacy violations with the Division of Health Care Financing and Policy will not result in retaliatory actions against the alleged victim or the complainant. If the alleged victim or complainant is not satisfied with the outcome of the investigation, he/she is entitled to appeal to the Director of the Nevada Department of Health and Human Services or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.*

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Signature of Individual Filing this Report

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Date

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Printed Name of Individual Filing this Report